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PTO/SB/82 (04-05)

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/718,289
Filing Date	November 19, 2003
First Named Inventor	William F. Fels
Art Unit	
Examiner Name	Helen F Pratt
Attorney Docket Number	2280-1-3

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	William F. Fels & Rhonda C. Fels				
Address	1147 Walter Mabe Rd.				
City	Lawsonville	State	NC	Zip	27022
Country	US				
Telephone	336-593-2726	Email	bfels@petrefresh.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Rhonda C. Fels</i>		
Name	Rhonda C. Fels		
Date	November 17, 2005	Telephone	336-593-2726

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>William F. Fels</i>		
Name	William Fels		
Date	November 17, 2005	Telephone	336-593-2726

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PTO/SB/122 (04-05)

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Filing Date	November 19, 2003
First Named Inventor	William F. Fels
Art Unit	
Examiner Name	Helen F Pratt
Attorney Docket Number	2280-1-3

Please change the Correspondence Address for the above-identified patent application to:

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☒ Firm or  
Individual Name William F. Fels

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- ☒ Applicant/Inventor
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ Attorney or agent of record. Registration Number \_\_\_\_\_
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature *William F. Fels*Typed or Printed  
Name William F. Fels

Date November 17, 2005

Telephone 336-593-2726

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